## ACCESS TO QUALITY HEALTH CARE

Mr. CORNYN. Mr. President, I wish to talk about health care because we are going to be on this issue next week. It seems to me there are three things we all care deeply about in this country, no matter who we are or from where we come, and that is access to good quality education for all of our children, a job for people who want to work, and access to quality health care.

The fact is, in my State, unfortunately, we have a health care crisis because about 25 percent of the population in my State does not have health insurance. So where they go for their health care is to the emergency rooms of the local hospitals, and that creates a lot of problems because that is the most expensive health care, the emergency room. People who go to the emergency room for their primary health care, if it is not truly an emergency but they have nowhere else to go-and you can hardly blame themwhat it does is causes a lot of emergency rooms to go on divert status, and so true emergencies have to go to a farther off location to get care, thus entailing some risk and potentially even loss of life as a result of the delays.

We have to tackle this problem. I know there are a lot of good ideas out there. We will be talking about some of those ideas next week when we talk about the reauthorization of the SCHIP program, the State Children's Health Insurance Program, that is important to my State and important to insuring children around the country

The problem that has grown up in SCHIP is that, unfortunately, Congress's original intent to provide health insurance to low-income children, up to 200 percent of the poverty level, has simply been overtaken by some States. I believe it is a total of 14 States now that use that money, those Federal funds, Federal taxpayer funds, ro actually insure adults, obviously not part of Congress's intent, which was to focus on low-income children.

Additionally, the original concept of SCHIP was dedicated to low-income children up to 200 percent of poverty level. We have seen proposals where some have said it ought to go up to as much as 400 percent of the poverty level, which, for a family of four, can mean an income over \$80,000 a year and a mandate that SCHIP be used to provide health insurance for people with incomes in excess of \$80,000 a year for a family of four.

The challenge I think we have is to make a decision between whether we are going to continue to encourage access to private health insurance, a market-driven response, or whether we are going to simply say the Federal Government is going to take this whole matter over and we are going to have a single-payer system, a national system for providing health care. That, to me, is a very important debate.

Frankly, from my standpoint, I believe every American needs the re-

sources and the ability to purchase health insurance. I think going to a single-payer, Washington-controlled health care system is simply not the way to go. There are a number of ways we can approach this, and I hope this important debate we will have next week will address these issues.

I think we have to end Tax Code discrimination against those who cannot get health insurance through their employer by giving a tax break to every American so they can purchase their own health insurance. Part of the problem is, people are frequently bound to an employer. They are afraid to leave that employer lest they be precluded from getting another health insurance policy because of previous existing conditions. So many people simply lack the portability of their health insurance, the ability to take it from job to job. In effect, they are bound almost to the extent of involuntary servitude with their current employer. We have to change that by creating portability.

I think we need to give individuals the ability to take control of their health care needs and to continue to preserve something they think is very important, and that is the relationship between the patient and their health care provider, along with the freedom to choose what is in the best interest of that individual patient, rather than to have the Government determine for them what kind of health care they are going to get and perhaps ration it and create a huge, expensive bureaucracy to do so.

I also hope part of this debate on reauthorization of the State Children's Health Insurance Program will allow us to look at what the ultimate goals are of some of the proponents. One concern I have is that the dramatic expansion of funding proposed by the Finance Committee—in language haven't yet seen—will be a precursor to one more incremental step to a Government-controlled, Washington-centered health care bureaucracy, and that will make it harder and harder for us to provide the opportunity for individuals to purchase their own health insurance, along with the right to choose

The PRESIDING OFFICER. The Senator's time has expired.

Mr. CORNYN. Mr. President, parliamentary inquiry: My understanding was that you cited 30 minutes of morning business.

The PRESIDING OFFICER. There is a 10-minute time limit per Senator.

## UNANIMOUS-CONSENT AGREEMENT—H.R. 2638

Mr. REID. Mr. President, I will just take a minute and then the Senator from Texas can speak. I told the Senator from South Carolina that I was going to make a unanimous-consent request.

I say to my friend from Texas, what a difference a night makes. As you know—as some know, not very manySenator CORNYN and I, Senator GRAHAM, and a few others were trying to work something out on border security, and Senator CORNYN and I were the last two to speak on this issue. Like a lot of things around here, if you don't get your way, you kind of throw a tantrum a lot of times. I didn't get my way, so I thought I would throw just a little tantrum.

The evening has brought to my attention that I was wrong. Senator CORNYN was right. I hate to acknowledge that, but that is basically valid. Having said that, Mr. President, and swallowing a little bit of pride, which I shouldn't have had, I now ask unanimous consent that when the Senate resumes consideration of H.R. 2638 today—which will be in just a few minutes-the time until 11:35 a.m. be for debate with respect to the Graham-Pryor border security amendment—and that has the language of the Senator from Texas in it-I would interrupt and say that I have spoken to the distinguished Republican manager and told him I was going to offer this consent agreement—with the time divided as follows: 30 minutes under the control of Senator VOINOVICH and the remaining time equally divided and controlled between Senators GRAHAM and PRYOR or their designees; that no amendments be in order to the amendment prior to the vote; that upon yielding back of time, the Senate proceed to vote on the amendment, with no further intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Mr. COCHRAN. Reserving the right to object, and I do not intend to object, I want to be sure that there is consent on this side among those who are engaged in the debate, specifically the Senator from Texas and the Senator from South Carolina, so that they understand the proposed order and have no objections to it.

Mr. REID. Is our consent granted, Mr. President?

Mr. COCHRAN. We are getting his reaction to it.

Mr. CORNYN. Mr. President, I have no objection, and I appreciate the generous remarks of the majority leader and his willingness to work with Senator Graham and me on this important issue.

The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Texas is recognized.

Mr. CORNYN. Mr. President, I ask unanimous consent that out of our allotted morning business time I be granted 5 more minutes, and then I will turn the floor over to my other colleagues who wish to speak.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CORNYN. I appreciate that, Mr. President.

Mr. President, one of the concerns I think many people have about the dramatic expansion proposed by the Senate Finance Committee's adding an additional \$35 billion on top of the existing \$25 billion commitment for State